

Douglas Public School District

21 Davis Street Douglas, MA 01516



PROFESSIONAL EMPLOYMENT APPLICATION

Last Name	First	Middle	Date		
Street Address				Phone ()	
City	State	Zip	Cell P	hone ()	
	lawfully permitted to work in the viving, do you have a valid driver's				
Have you been laid off o] No			
Are you currently retired Email Address:	? Yes No If yes, p	lease state retirement system	<u> </u>		
Email Flactess.					
EDUCATION					
	Name and Location of School	Course of Study	Number of Years Completed	Did you Graduate	Degree or Diploma
Grammar School				☐ Yes ☐ No	
High School				☐ Yes ☐ No	
College				☐ Yes ☐ No	
Trade, Military, or Other				☐ Yes ☐ No	
				1	
	NTERESTS AND QUALIF on for which you are applying.	FICATIONS			
rease indicate the positive	on for which you are applying.				
Date Available					
What special skills or qua	alifications do you have which are	related to the type of work de	esired?		
List extra-curricular activ	rities that you could direct, or other	special skills or additional i	nformation you would l	ike us to consider	r

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Resume may be attached to the application, but all requested Employment Application information must be completed for full consideration.

EMPLOYMENT HISTORY	
Name of Employer	Title and Duties
Address	
City, State, Zip	
Name and Title of Immediate Supervisor	
Phone Number	Dates Employed to (MM/DD/YY) (MM/DD/YY)
Reason for Leaving	
Name of Employer	Title and Duties
Address	
City, State, Zip	
Name and Title of Immediate Supervisor	
Phone Number	Dates Employed to (MM/DD/YY) (MM/DD/YY)
Reason for Leaving	(
Name of Employer	Title and Duties
Address	
City, State, Zip	
Name and Title of Immediate Supervisor	
Phone Number	Dates Employed to (MM/DD/YY) (MM/DD/YY)
Reason for Leaving	(
Name of Employer	Title and Duties
Address	
City, State, Zip	
Name and Title of Immediate Supervisor	
Phone Number	Dates Employed to (MM/DD/YY) (MM/DD/YY)
Reason for Leaving	(MINI DD) [1 1) (MINI DD) [1 1)

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U.S. MILITARY SERVICE					
Branch of Service			Highest Rank or Rating		
Date of Service (MM/YY)			Military Occupation:		
From:	То:				
Please a	attach college transcripts a	and a copy of current	certification/approval/licens	se.	
			Nama a		
PROFESSIONAL CERTIFI	Number	<u> </u>		Date of Issue &	
	Number		ect, or Type of License .N., LICSW)	Expiration Date	
Massachusetts Teacher					
Certification (Teacher, Admin, etc.)					
Trade Licenses					
Other					
Membership in professional	or civic organizations (Excl	ude those which may	disclose your race, color, relig	gion or national origin):	
ADDITIONAL INFORMAT					
Have you ever worked for the Dougla If yes, when?	as Public School District? Position Held:	☐ Yes ☐ No			
Please indicate names of relatives em					
How were you referred?					
1					
Have you ever been dismissed from p Have you ever been convicted of a fe		□Yes □No □Yes □No (Co	onviction will not necessarily bar	an applicant from a position)	
PLEASE NOTE: If your answer is 'Y				an apprount from a position)	
DEFEDENCES (d	····				
REFERENCES (do not list relat Name	Position		Address & Telepho	one Number	
			•		

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The Douglas Public School District is an equal opportunity employer and we abide by all federal and local laws prohibiting employment discrimination. It is the policy of the Douglas Public School District Committee to recruit and select for employment the best qualified applicant for each position without regard to race, color, sex, religious cred, age, national origin, marital status, disability or sexual orientation.

It is unlawful in Massachusetts to require or administer a lie detector test as a condition for employment or continued employment.

PLEASE READ CAREFULLY & SIGN BELOW

I certify that the information in this application is accurate, current and complete. I understand that misstatements or omissions may result in disqualification from further consideration or termination of employment. I authorize the Douglas Public School District (the "District") to investigate my employment history and credentials and obtain any relevant information needed to make an employment decision. I agree to cooperate and assist in any such investigation and I release the District and those supplying information to the District from liability with regard to the information supplied.

I also understand and agree that:

- 1. An offer of employment is contingent upon a satisfactory CORI and SAFIS Background check per 603 CMR 51.00.
- 2. In compliance with the immigration and Reform and Control Act of 1986, I understand that I will be required to provide approved documentation that verifies my right to work in the United States prior to my first day of employment.

Date

PLEASE RETURN TO:

Douglas Public Schools
Office of the Superintendent
21 Davis Street
Douglas, MA 01516

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